Project agreement rodent research

Access to the Biomedical Laboratory and the PyRAT colony management software can be granted after filling out this project agreement form (PAF). Access will be granted within 10 working days.

# 1 - License holder

|  |  |
| --- | --- |
| **First name:** |  |
| **Last name:** |  |
| **Institute:** |  |
| **Laboratory:** |  |
| **Address:** |  |
| **E-mail:** |  |
| **Phone:** |  |
| **Mobile:** |  |

**Do you seek access for breeding gene modified animals?** YES/NO

|  |  |  |  |
| --- | --- | --- | --- |
| Breeding license number1: |  | Expiry date: |  |
| Approval number AT2: |  | Expiry date: |  |
| Severity level: | mild | moderate | severe |

**Do you seek access for a research project?** YES/NO

|  |  |  |  |
| --- | --- | --- | --- |
| License number1: |  | Expiry date: |  |
| Severity level: | mild | moderate | severe |

1) J.nr. for tilladelse fra Dyreforsøgstilsynet  
J.nr. for license from Danish Animal Experiments Inspectorate  
<https://www.foedevarestyrelsen.dk/Dyr/dyrevelfaerd/Dyreforsoegstilsynet/Sider/Ansoegning-og-indberetning.aspx>

2) J.nr. for anmeldelsen til Arbejdstilsynet af Genteknologisk Forskningsprojekt.   
J.nr. for notification of Gene Technology to the Danish Working Environment Authorities.   
<https://amid.dk/selvbetjening/anmeldelse-af-genteknologi/>

# 2 – Daily contact person

|  |  |
| --- | --- |
| **First name:** |  |
| **Last name:** |  |
| **E-mail:** |  |
| **Phone:** |  |
| **Mobile:** |  |
| **Qualification3:** |  |

# 3 – Other involved persons

Other involved persons can request access to the Biomedical Laboratory when they are qualified.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **E-mail:** | **Mobile:** | **Qualification3:** |
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3) Participation in laboratory animal science course level B (EU function AD) or level C (EU function ABD).

# 4- Need for assistance

|  |  |
| --- | --- |
| Describe (e.g. dosing or blood sampling, incl. expected number of samples or time needed) |  |

# 4- Humane endpoints

|  |  |
| --- | --- |
| Describe as submitted in license application |  |

# 5 - Accounting information

|  |  |
| --- | --- |
| **EAN nummer:** |  |
| **Konto:** |  |
| **Underkonto:** |  |
| **CVR nummer:** |  |
| **Institute:** |  |
| **Address:** |  |
| **Contact name:** |  |
| **E-mail:** |  |
| **Phone:** |  |

# 6- Additional information

Please specify if you apply hazardous substances in your research.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Biological agents:** | Name: | | | |
|  | BSL1 | | BSL2 | |
| **GMO agents** | Name: | | | |
|  | GMO1 | | GMO2 | |
| **Radioactive isotopes:** | Name: | | | |
|  | Amount: | | | |
| **Chemical agents:** | Name: | | | |
|  | Amount: | | | |
|  | toxic on skin, by inhalation or ingestion | carcinogenic, mutagenic, affects reproduction | | eye or skin irritation, allergenic by contact |

# 7 – Gene modified strains (breeding license)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line/stain** | **Official name** | **Mutation**  **(gene code)** | **Mutation type**  **(transgene, knockout, floxed, etc.)** | |
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